

Commonwealth of Massachusetts DIVISION OF PROFESSIONAL LICENSURE Board of Examiners of Sheet Metal Workers

1000 Washington Street, Suite 710, Boston, Massachusetts 02118-6100

VERIFICATION OF BOARD APPROVED EDUCATION FOR 450 HOUR SHEET METAL PROGRAM

TO THE BOARD OF EXAMINERS OF SHEET METAL WORKERS:

In connection with my application for a J-2 Restricted Journeyperson Sheet Metal license , I submit the following verification of schooling:	
Name of Applicant: (Type or Print Clearly)	Address
Signature of Applicant	Date
THE FOLLOWING IS TO BE COM	PLETED BY APPRENTICE SCHOOL OFFICIALS
Subject to the rules set forth in Section 240 of Chap statement made by:	oter 112 of the General Laws, I subscribe to and vouch for the
Name of Applicant: (Type or Print Clearly)	Address
Name of School	Address
From	To Date of Completion of Course or Graduation
During that time, the student successfully completed	d the following which meets the requirements of 271 CMR 3.00
☐ 150 hour Level 2 - Second Year Course for	ourneyperson Sheet Metal Worker Licensure or Journeyperson Sheet Metal Worker Licensure Journeyperson Sheet Metal Worker Licensure
Name of Sheet Metal Instructor – Type or print	Instructor License Number
Signature of Sheet Metal Instructor	School Phone Number
As a full time day student who graduated from a Boa	ard Approved Vocational High School Sheet Metal Program , the hours of shop under the supervision of a licensed sheet metal
Name of Sheet Metal Instructor – Type or print	Instructor License Number
Signature of Sheet Metal Instructor	School Phone Number